

SCANNED

14 JUN 13 AM 08:55 SUE LEE UHF

CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or
School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, SALLY M. HEFTI
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Colonial CC CDD, _____
(office) (district #)

_____ 3 _____; I am a qualified elector of Lee County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

X Sally M. Hefti (239-768-6968 JScolonial@embarqmail.com
Signature of Candidate Telephone Number Email Address

HEFTI, SALLY MAUREEN
9129 SHADOW GLEN WAY
FORT MYERS FL 33913

115361600

State ZIP Code

Candidate's Florida Voter Registration Number (located on your

115361600

* Please print name phonetically on the line below as you wish with disabilities (see instructions on page 2 of this form):

HEFTI, SALLY MAUREEN
9129 SHADOW GLEN WAY
FORT MYERS FL 33913

STATE OF FLORIDA

COUNTY OF Lee

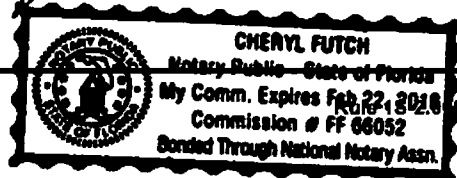
Sworn to (or affirmed) and subscribed before me this 13 day of June, 2014.

Personally Known: _____ or

Produced Identification: X

Type of Identification Produced: FLDL

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



COPY
2013

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

FOR OFFICE USE ONLY:

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Hefti SALLY MAUREEN

MAILING ADDRESS:

9129 SHADOW GLEN WAY

CITY: ZIP: COUNTY:

FORT MYERS 33913 Lee

NAME OF AGENCY:

Colonial Country Club Community Development

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CDD BOARD SUPERVISOR DISTRICT (CDD)

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

*14MAY29AM1112 SOE LEE CO FI

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PM 5/27

*14JUN11PM0557 SOE LEE CO FI

****** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2013 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING:

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Excellus Retirement Pension	165 COURT ST ROCHESTER, NY 14647	EXCEEDED \$2500
eff. 6/2013	BANK - THE NORTHERN TRUST CO	
SOCIAL SECURITY	JAMAICA NY 11432-3898	EXCEEDED \$2500

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	N/A	N/A	N/A

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

N/A

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

